

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

# UNITED STATES DISTRICT COURT RECEIVED

for the

District of New Jersey

Camden Division

JAN 28 2022

AT 8:30  
WILLIAM T. WALSH  
CLERK

Case No.

(to be filled in by the Clerk's Office)

Robert S. Dorsey

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Food Service Administrators (Burns & Adeolife)  
Wardens (David Ortiz) (L. N. DIAZ)  
Safety Worker (Sassman) Federal Bureau of Prisons  
United States of America

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

(See) Attached

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS (Prisoner Complaint)

### NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

ROBERT S. DORSEY

All other names by which  
you have been known:

ID Number

Current Institution

Address

F.C.I. Morgantown  
446 Greenbagg rd / P.O. Box 1000  
Morgantown W.V. 20657  
City State Zip Code

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

**Defendant No. 1**

Name

MS. BurnsJob or Title (*if known*)Food Service Personnel Asst Food Service

Shield Number

Employer

Federal Bureau of Prisons

Address

5756 Hartford & Pointsville rd  
Jointbase MDL N.J. 08640  
City State Zip Code

☒ Individual capacity ☐ Official capacity

**Defendant No. 2**

Name

Mr. AdeolineJob or Title (*if known*)Food Service Administrator

Shield Number

Employer

Federal Bureau of Prisons

Address

5756 Hartford & Pointsville rd  
Jointbase MDL N.J. 08640  
City State Zip Code

☐ Individual capacity ☒ Official capacity

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## Defendant No. 3

Name

DAVID ORTIZ

Job or Title (if known)

Shield Number

Employer

Address

WARDEN (FOOT DIX)

5756 Hartford & Painesville Rd  
Jointbase MCL N.J. 08640  
City State Zip Code☒ Individual capacity ☒ Official capacity

## Defendant No. 4

Name

LAMINE N'DIAYE

Job or Title (if known)

Shield Number

Employer

Address

Former Warden (Foot Dix)

5756 Hartford & Painesville Rd  
Jointbase MCL N.J. 08640  
City State Zip Code☒ Individual capacity ☒ Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

## A. Are you bringing suit against (check all that apply):

☒ Federal officials (a *Bivens* claim)☐ State or local officials (a § 1983 claim)

## B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

Negligence Failure to protect Inmate from contaminated WATER. The B.O.P. have a duty to protect, failed to perform that duty. Violation of the Safe Drinking Water Act, Clean Water Act. Food Service mislead information claiming water was safe for consumption. Violation of 8th Amendment. Knowingly and intentionally, WAS AWARE of dangerous chemicals in the water. Failed to protect Inmate SAFETY. Denied inmates request for bottled water for consumption. Violations of 18 USC 1001 for lying thru emails which gov. run comlinks system

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- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed. *BURNS misled Inmate stating the water WAS SAFE for drinking. Alesline said the menu does not have water on it. Both Food Service Administrator failed to provide SAFE drinking water knowing the water at Fort Dix is contaminated with dangerous chemicals. Warden Ortiz, U.P.M.E. failed to provide SAFE drinking water. SASSMAN falsified claims that water WAS SAFE. All F.B.O.P. employees & U.S. Government employees negligent when they failed to protect the health & safety of Inmate.*

### III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☐ Convicted and sentenced state prisoner
- ☒ Convicted and sentenced federal prisoner
- ☐ Other (explain) \_\_\_\_\_

### IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

*The events arose from 2019 till 2021. Since Inmate Arrived in Nov. 2019 until he left 2021. And so still ongoing. All events arose at Fort Dix*

C. What date and approximate time did the events giving rise to your claim(s) occur?

From Nov 2019 until June 2021. Still not compliant with SAFE Drinking Water Act or Clean Water Act

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?

Was anyone else involved? Who else saw what happened?) The B.O.P. failed to provide Clean & Safe Drinking Water. The Bureau of Prisons employees knowingly & intentionally mislead information stating the water was safe for drinking. Inmate request several times to replace with bottled water. The NJEPA filed a suit for non-compliance of the SAFE Drinking Water Act & Clean water. B.O.P. was aware of the dangerous chemicals & exposure to to safety and health of ~~Inmates~~ Inmates and negligent when they failed to protect us from.

## V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Consumption of dangerous chemicals in the drinking water exposure from PFOS, PFOA & other toxins. The toxins can cause immune-compromised illnesses. Covid-19 in which inmate tested positive 3x's. Renders the vaccine ineffective when high levels of toxins is consumed. Failed to protect health & safety of inmate

## VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

10 million dollar in Damages. When the B.O.P. failed to protect, unreasonably failed to perform that duty, that failure caused injuries, and damage to my body from this negligence. Injuries caused pain, suffering, emotional distress and anguish.

**VII. Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

*F.C.I. Fort Dix*

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

*The violation of the 8th Amendment prison conditions, failed to provide safe & healthy environment, Indifference to medical needs cruel & unusual punishment, wanton & infliction of pain.*



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- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

AT F.C.I. FORT DIX

2. What did you claim in your grievance?

The water was not safe for drinking

3. What was the result, if any?

The B.O.P. claims the water was safe drinking

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

filed all steps 8, 9, 10, 11 Administrative remedy 10# 1075212  
Took claim 10# TRT-NEC-2021-06355

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

N/A

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I filed all remedies past due for response 40 days

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

**VIII. Previous Lawsuits**

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s) N/A

Defendant(s) N/A

2. Court (if federal court, name the district; if state court, name the county and State)

N/A

3. Docket or index number

N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?

☐ Yes

☐ No

N/A

If no, give the approximate date of disposition.

N/A

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

N/A

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

N/A

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- ☐ Yes  
☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) N/A

Defendant(s) N/A

2. Court *(if federal court, name the district; if state court, name the county and State)*

N/A

3. Docket or index number

N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition

N/A

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

N/A

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**IX. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

1-18-2021

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

Robert S. Dorsey II  
Robert Sterling Dorsey  
43739083  
446 Greenbagg Rd F.C.I. Morgantown  
Morgantown W.V. 20657  
City State Zip Code

**B. For Attorneys**

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

Telephone Number

E-mail Address

\_\_\_\_\_  
\_\_\_\_\_

## Defendants

NAME SASSMAN  
Job or Title Safety Officer

Employer Federal Bureau of Prisons

Address 5756 Hartford & Pointville Rd  
Joint base MDL, MS 08640

Individual & official capacity

## Defendants

NAME Federal Bureau of Prisons  
Job & title Agency  
Employer Federal Bureau of Prisons

Address 320 First St  
N.W. Washington, DC 20534

Official Capacity

## Defendants

NAME United-States of America U.S. Attorney  
William Barr / Merrick Garland  
Title U.S. Attorney General of United States  
Employer Department of Justice

Address ~~320~~ 950 Pennsylvania Ave, N.W.  
Washington, DC 20530

Official Capacity

RECEIVED

JAN 28 2022

AT 8:30 \_\_\_\_\_ M  
WILLIAM T. WALSH  
CLERK